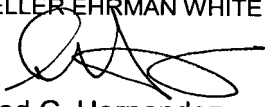


TRANSMITTAL OF UTILITY APPLICATION UNDER 37 C.F.R. §1.53		Attorney Docket No.	40070-0360		
		First named inventor	D. Darst		
		Express mail label #	EV338078419US		
		Date of mailing	<u>September 25, 2003</u>		
Application Elements		Accompanying Application Papers			
1. <input checked="" type="checkbox"/> Fee Transmittal Form 2. <input checked="" type="checkbox"/> Specification containing 32 pages (including Claims and Abstract). a. Title: PILL BOX AND SPLITTER WITH BLADE GUARD b. Number of claims: 72 3. <input checked="" type="checkbox"/> 10 sheets of drawings 4. <input type="checkbox"/> Declaration 5. <input type="checkbox"/> Sequence Listing <input type="checkbox"/> Paper copy (identical to computer copy) <input type="checkbox"/> Computer readable copy <input type="checkbox"/> Verified statement		6. <input type="checkbox"/> Copy of assignment documents from parent applications 7. <input type="checkbox"/> Preliminary Amendment 8. <input checked="" type="checkbox"/> Return Receipt Postcard 9. <input type="checkbox"/> Small Entity Statement 10. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(I). Applicant must attach form PTO/SB/35 or its equivalent.			
		SIGNATURE OF ATTORNEY/AGENT			
		HELLER EHRMAN WHITE & McAULIFFE LLP  Fred C. Hernandez Registration Number: 41,832			
<input type="checkbox"/> Benefit of priority:					
CORRESPONDENCE ADDRESS					
NAME	Stephanie L. Seidman Registration No. 33,779 Heller Ehrman White & McAuliffe LLP				
Address	4350 La Jolla Village Drive, 7th Floor, San Diego, CA 92122-1246				
	Telephone: (858) 450-8400	Facsimile: (858) 587-5360			

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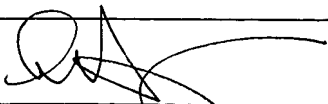


FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53	Attorney Docket No.	40070-0360
	First named inventor	D. Darst
	Express mail label #	EV338078419US
	Date of mailing	<u>September 25, 2003</u>

FEE CALCULATION FOR CLAIMS AS AMENDED

a)	Basic Fee	$\$750/\375	<u>\$ 750.00</u>
b)	Independent Claims	$\frac{6}{3} - 3 = \frac{3}{3} \times \$84/\$42$	<u>\$ 126.00</u>
c)	Total Claims	$\frac{72}{52} - 20 = \frac{52}{52} \times \$18/\$9$	<u>\$ 468.00</u>
d)	Fee for Multiple Dependent Claims = \$280/\$140		<u>\$ 0.00</u>
TOTAL FILING FEE			<u>\$1344.00</u>

- ☐ Applicant is a small entity.
- ☒ A check is enclosed in the amount of \$1344.00 to cover the fee for filing the application.
- ☐ Charge \$_____ to Deposit Account No. 50-1213.
- ☒ The Commissioner is hereby authorized to charge any fees that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

CORRESPONDENCE ADDRESS					
NAME	Stephanie L. Seidman Registration No. 33,779 Heller Ehrman White & McAuliffe LLP				
Address	4350 La Jolla Village Drive, 7th Floor, San Diego, CA 92122-1246				
	Telephone: (858) 450-8400			Facsimile: (858) 587-5360	
Submitted by:					
Typed or printed name	Fred C. Hernandez			Reg. Number	33,779
Signature		Date	9/25/03	Deposit Account	50-1213